

**LEVEL III JOB RELATED ACTIVITY REPORT PROJECT PROPOSAL
ADMINISTRATIVE SUPPORT CERTIFICATION PROGRAM**

Name of Participant: _____

Address (Street/City/Zip): _____

Telephone Number: _____ Email Address: _____

Organization/Division _____

Complete the sections below and obtain supervisor's and mentor's signature. Submit a copy for approval by the ASCP Program Director. The ASCP Program Director will then approve the Project Proposal or make recommendations for changes. *"Approval of a proposal does not signify approval of the completed project."* List the areas and number of hours (for a total of 20 hours). You must cross-train in at least 2 areas, but no more than 4 areas.

Area 1: _____

of Hours _____ Division _____

Name of Cross-Trainer _____

Briefly describe the cross-training plan: _____

Area 2: _____

of Hours _____ Division _____

Name of Cross-Trainer _____

Briefly describe the cross-training plan: _____

Area 3: _____

of Hours _____ Division _____

Name of Cross-Trainer _____

Briefly describe the cross-training plan: _____

Area 3: _____

of Hours _____ Division _____

Name of Cross-Trainer _____

Briefly describe the cross-training plan: _____

Supervisor's Signature _____ Date _____

Mentor's Signature _____ Date _____

Participant's Signature _____ Date _____